Case-Work Principles in Work for the Blind

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Case-Work Principles in Work for the Blind

A Symposium

HELEN P. KEMPTON
ETHEL L. HARVEY
MARY VIRGINIA MILLER
CALVIN S. GLOVER
EVA B. PALMER

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Reprinted from the *Outlook for the Blind*, Vol. XXVI, Nos. 3 and 4,
September and December, 1932.

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EDITOR'S NOTE—As activities for the welfare of those without sight have increased in scope and diversity, there has been a growing realization that the purposes of work for the blind and general social work are essentially the same. At the same time, home teachers of the blind have taken on more of the functions of the social case worker.

In view of this tendency, the editors of the *Outlook* felt that a discussion of case-work principles and techniques as applied in work for the blind might be timely. In the first article "What Is Social Case Work?", Miss Helen P. Kempton, Instructor in the New York School of Social Work, defines case work as it is understood in the general social welfare field. The four articles which follow are by experienced workers for the blind, and show the part case work plays in the rehabilitation of those without sight.

What Is Social Case Work?

By Helen P. Kempton
Instructor, New York School of Social Work, New York

JUST ten years ago, Mary E. Richmond, the originator of social case work, wrote a little book under this title. The book, I am sure, would interest the readers of this magazine, but I have another reason for mentioning it here. The introductory chapter is devoted to a description of the early life and training of Helen Keller, and draws a comparison between the work done by her friend and teacher, Miss Sullivan, and the service of the social case worker of today. Social case work operates under the assumption that for every greatest happiness result only when that individual is satisfactorily adjusted to the various environmental factors that surround him—to his family, friends, schoolmates, fellow workers, as well as to those persons whom he casually contacts in the course of his life. Helen Keller, being blind, deaf, and dumb, was entirely disconnected from the world in which she lived; she could not see the smile on her friend's face, could not hear music, could not express love and appreciation of beauty. As a result of her training, and by reason of her own application and efforts, she is, today, more completely in touch with her environment, more satisfactorily adjusted, than most persons who suffer no physical handicap. This is the theme of the first chapter in Miss Richmond's book. I refer to it here as the classic analogy to social case work, in the hope that those of you who are not familiar with it may get the book and gain from it a fuller exposition of the subject of this article.

As I see it, any comprehensive approach to the study of social case work should include both its philosophy and its method. In other words, our query "What is social case work?" should be followed by such queries as "Why is it needed?"; "Who needs it?": "What is its objective?"

These are big questions, but I shall try to give you brief answers to them before describing the methods, or techniques, of social case work.

If we lived in a Golden Age, case work would not be needed. The two factors which may be held accountable for the need of service of this kind are inheritance and environment, the first including those tendencies within the man himself that make him the man he is, the second being the civilization, or culture, in which he finds himself. Not many years ago, people thought of inheritance and environment as two separate and distinct forces, and there was considerable argument as to which was the more potent in determining man's destiny. Today we are aware of the fact that the two are closely related—that the civilization in which our grandfathers and great-grandfathers lived determined, to a large extent, the sort of men they were and so was handed down to us in our "inheritance"[1] so-called.

[1]"The environment of our forbears goes to make up an inheritance."—Graham Wallas.

In other words, an important part of our inheritance is undoubtedly the cultural background of our ancestors. Dr. William Healy points out that elaborate charts have been used to prove that feeble-mindedness is inherited, showing the transmission from parent to child through many generations, but goes on to say that the charts make no mention of the uniformly bad home conditions prevailing in these families. Were these latter brought out, the charts might be used to show that the persistent strain of mental defect is due to environmental factors.[1] We see the individual, then, starting life with a certain definite conditioning. He finds himself in a far from simple society—a machine age—which increases his problems as he grows up, and complicates his life to such an extent that he becomes unable to cope with it unaided, or in other words, socially maladjusted. He faces problems of poverty and sickness, and—no less concrete—psychological problems of behavior which he is at a loss to understand, which seriously affect his relations with others and may overwhelm him with a sense of guilt or of his own inadequacy. "But," one of my readers may say, "these are problems which we may all have to face at one time or another." To which I reply, "Here you find the answer to our third question—any one of us may need the help which social case work has to offer, at one or another period in our lives."

As to its goal, or objective, I should say a full and balanced life for the individual—economic security, congenial and satisfying employment, happy home life and relationships, suitable recreation, and the satisfaction of spiritual needs and hungers which assume many different forms in different individuals. Or, as Dr. Richard Cabot expresses it, Work, Love, Play, Worship.[2] There are two important considerations in connection with this balanced life for the individual, which we sometimes forget. The first is, the extent to which we are all unconsciously dependent upon these elements of living. For one who has never felt the pinch of want it is hard, or even impossible, to visualize the consequences of never having quite enough to eat, of never having just the right sort of clothes, of living in cramped, inadequate quarters—yet for many persons this is the usual order of things. The second consideration of which we are perhaps unaware, is that these elements of normal living are valuable to us mainly by reason of our entire freedom to choose and help ourselves to them. That which we ourselves feel the need of, that which we select and use for our own purposes—whether it be a book, a church service, a concert, a play, a walk—has an added zest, brings a more complete sense of satisfaction than that form of recreation which is chosen for us by another person. From this we can see that social case work, at its best, should not do for the individual that which by the nature of things he must do for himself. It may stimulate his desire for certain interests, it may supply certain necessary commodities—as for example, money to fill an economic need—it may make known to him various community facilities—clinics, libraries, vocational schools—but, in the last analysis, it should always seek to

[1]Healy, William. *The Individual Delinquent.*
[2]Cabot, R. C., M.D. *What Men Live By.*

develop in him independence, initiative, the desire to do things for himself, which is, when all is said and done, his most valuable birthright.

The need for social case work having been indicated together with something of its area and goal, it remains only to give a working definition, as preliminary to a description of the various processes which characterize case work as it is practiced today. Miss Richmond has defined it as "adjustments consciously effected, individual by individual, between men and their social environment," and again as "the study of the individual personality in relation to his environment plus the effort to help him make a better adjustment to that environment."[1] We shall now try to discover just what these definitions mean in the light of actual experience.

How can one study an individual? Perhaps one way of answering this is by referring to the old saying, "Tell me what you like and I will tell you what you are." Certainly the first step in studying an individual is the establishment of a friendly relationship which will encourage him to talk to you freely, telling you of his joys and sorrows, his likes and dislikes, of his past experiences and future hopes. As you listen, you gradually form an idea of the true nature of this person who has come to you for advice; he reveals himself in many ways, not only in his story, but in his manner, in his attitudes towards other people and towards you. Afterwards you see him in his home and observe the sort of home he lives in, the books and pictures he likes, the way in which he lives, his relationship to his wife, his children, his kin outside of his immediate family circle. If he so desires, you perhaps consult various persons who have known him well and in different capacities; and so you learn what sort of a worker he is, what his church means to him, what sort of a son, or brother he is, and in this way you round out your picture of him, getting an outside, objective viewpoint which is invaluable in providing a short-cut means to an understanding of this man and his difficulties. No one of us is in a position to give an accurate picture of our own problems; we are too close to them; they may fill our entire horizon; we may be too prone to self-blame, self-pity, or self-excuse. For this reason, the outside point of view is often of the greatest assistance to the case worker in arriving at an understanding of the sort of person her client really is. Furthermore, the way is often opened to make constructive use of these "outside sources" in treatment; to secure a job, to interpret to a non-understanding relative the grave difficulties under which your client may have been laboring and so to strengthen a kinship tie grown weak through disuse.

This first process of case work is known as "social study." It should precede any thorough plan of treatment, although "treatment" in a sense accompanies social study from the beginning, and so cannot be differentiated. For example, the case worker may have to meet an emergency situation, a critically sick person needing immediate hospitalization for example, and take action before she has had an opportunity to do more than contact her client in the most superficial fashion; also, since the relationship of

[1]Richmond, Mary E. *What Is Social Case Work?*

case worker to client is by far the most important element in the treatment program, she sets the keynote for this in her very first contact, and treatment, in a sense, begins at the moment she and her client face each other for the first time. If she meets him with understanding sympathy, she puts him at ease, and the relationship thus started is her first step in "treatment."

Planned treatment, however, in the technical sense, comes only after the social study has been completed, after the case worker has arrived at a fair understanding of her client's problems, as a result of her interviews with him and with persons who have known him. A problem which at first seemed to be merely unemployment, due to the present industrial depression and the scarcity of jobs, may prove to be greatly aggravated by the client's ill-health which unfits him for work, or by his attitude—an unwillingness to work, a lack of ambition, and the willingness to be supported by others. After getting all possible light on the problems the case worker is in a position to make her diagnosis and lay her plans for treatment; if, however, she fails to make a thorough social study of a situation, she will not get at the root of the trouble, will classify her problems inaccurately, and will find herself putting into effect plans that do not work, for example, getting a job for a man who is physically unable to hold it, when more careful study would have indicated clinical treatment or hospitalization before starting him at work.

Another consideration must be mentioned, quite as important as accurate diagnosis as a preliminary to treatment. This is the taking into account by the case worker, of all the elements in the situation which are going to help her or hinder her in carrying out her plans. If she faces all these factors before starting to carry out her plans, they will be more practical, more workable plans and she will be less likely to meet disappointments. If, for example, she recognizes in advance that her client is a person of low intelligence who will not grasp new ideas quickly, she will be contented with slow progress and will not expect too much in the way of immediate response. If, on the other hand, there is some definite asset in the situation, for example, an interested relative who is going to do all he can to help, the wise case worker will take this important factor into consideration and will lay her plans accordingly—counting on the relative, perhaps, to do many of the things which she herself might have to do for the client were the relative not in the picture, and so saving herself and her organization considerable time and expense, in addition to developing her case work service in this situation on a sound basis—for, as we have already noted, the case worker should recognize first, last, and all the time, that her most important objective is to develop initiative in the client and in the family, and refrain from doing things for him which he would much better do for himself.

Here, then, we have described the main processes of social case work. They are investigation, or social study, diagnosis, planning, and treatment. One more should be mentioned, that is, recording—the writing down of the various interviews with the client and others, of the diagnosis arrived at, and

of the various plans and steps in treatment. The careful keeping of case histories is as important as any part of the case work job. Would we have confidence in the physician who never makes a record of our symptoms as we describe them to him, who has to rely on his memory to hold the details of our condition in his mind between our visits? I think not. I am sure we would mistrust his prescriptions and think he was dosing us for another person's symptoms! The social case history, or record, is of vital importance to our client's welfare, and a safeguard to his interests. Even though workers come and go, the record stands, and the new worker can read the history and so carry on, in the most efficient way, from the very point where her predecessor stopped, thus saving the client great inconvenience and the organization much wasted effort.

In closing, I would call your attention to the fact that, while social case work is not, and never will be, an exact science, the method of social case work may be said to be scientific. If the social case worker is accurate in observation and in recording, and if she does not jump at conclusions but proceeds cautiously in her thinking, making sound inferences, weighing carefully all the pros and cons of a given situation and giving full consideration to the reliability of her evidence, she is doing a job which is quite as scientific as that of the physician.[1] As the technique of the skilled physician, or artist, or musician is not apparent to the outsider, so the technique of the skilled case worker is not apparent to the client, who is conscious only of a friendly, understanding person—able and eager to help. When we listen to the playing of a great musician, we are not conscious of technique as such, we are lost in the beauty of the music. The faithful practising of scales, arpeggios, and trills perfected the skill of that musician, but all are in the background in the finished performance, contributing indirectly to that which we hear. So, with the case worker. She has studied the details of her job thoroughly during her training period. Then they go into the background of her consciousness, they become "second-nature" to her, and, when face to face with her client, she meets him with a spontaneous interest in him and in his story, and her technique becomes a necessary but entirely natural tool of which she seldom thinks and of which her client is not conscious.

[1]Flexner, A. *Medical Education.* Richmond, Mary E. *Social Diagnosis.*

How the Principles and Technique of Social Case Work Can Be Applied to Home Teaching

By Ethel L. Harvey*
Home Teacher, Board of Education of the Blind, Hartford, Conn.

IN HER article, "What is Social Case Work?", appearing in the September issue of the *Outlook for the Blind,* Miss Helen P. Kempton states that "any comprehensive approach to the study of this subject should include both its philosophy and its methods." While its philosophy or theory is of deep interest, we shall confine our remarks to a discussion of how its principles and methods are applicable to home teaching.

The goals of social case work and home teaching are synonymous in that both desire for the individual "A full and balanced life—Work, Love, Play, and Worship," or "The highest good and greatest happiness which results from a satisfactory adjustment to the various environmental factors surrounding him."

The principles of these branches of welfare work—the restoration of man's birthright—as set forth by Miss Kempton in her oft-reiterated statement, "To help develop in the individual, independence, initiative, and the desire to do things for himself," are identical, and no case worker or home teacher would do for him those things which he would much better do for himself, for fear of destroying his independence, initiative, and desire to help himself.

Social study or investigation, *diagnosis* or the analysis of a given situation, *planning* or outlining a program, *treatment* or a course of procedure, and *record keeping,* constitute the foundation upon which the structure of social reclamation or rehabilitation stands.

In her first contact, the home teacher makes it a point to establish a friendly relationship between the pupil and herself, as so much depends upon this first visit. In fact, the success or failure of the pupil to adjust himself to the new order of things due to his blindness, depends largely upon her ability to inspire him to rise above his despair and handicap. If she talks lightly of her own handicap or ignores it completely, she often encourages him to speak frankly of his eye condition and physical condition and their causes, of his past experiences, his work, recreation, doubts and fears, joys and sorrows, hopes and aspirations, his relationship to his family, relatives, and friends before his blindness, and their attitude toward him now that he is blind. She keeps herself alert to all that happens around her, in order to demonstrate that blindness does not prevent the individual from participating in the various phases of the home life. She tries to determine his mental status by conversing with him. She ascertains the extent of his education, the home conditions, the source of income, and, in short, she takes into account all the factors in the situation which will aid or hinder the pupil's future success. In her social study there is one important difference between her methods and those of the seeing social worker. She has to depend upon her guide to give her a picture of the home, its

*Blind.

furnishings and cleanliness, the personal appearance and neatness of each member of the family, and the condition of the yard or grounds surrounding the house, before completing her investigation; while the social worker obtains this information through personal observation.

After the social study is completed, she is in a position to diagnose or analyze the situation and to make plans for the treatment to be given or a program to be followed. The following illustrations will serve to demonstrate this point.

In one home, where we visit, the daughter is blind, forty years old, highly nervous, has eczema and sinus trouble, is neat in appearance, has a pleasing personality, and enjoys good music; has never combed her hair or cut her food for herself, and eats with a spoon; has had very little education (because her parents would not consent to her going away from home to school) but has a fair degree of intelligence and is eager to learn. Her mother, who is very highly strung and has an abnormal heart condition, has preached "Nerves" and "You can't" so much to her, she has an "I can't" complex. The father, who is sixty-three, has a critical heart condition, inner ear and stomach trouble, and is under the doctor's care. Both parents are over-indulgent and none too patient with her, taking from her hands the work she is trying to master, doing it themselves because it makes them nervous to watch her struggling with it. The home is comfortably furnished and clean, yet there is an atmosphere of constraint which does not bode well for success. In this situation the "liabilities"—handicap of blindness augmented by ill health, lack of education, and non-understanding; parents, over-indulgent, lacking in judgment—overbalance assets—the girl's desire to learn, her personal appearance, personality, fondness for music, and her clean, comfortable home.

In another home, there is a partially deaf, totally blind man, twenty-four years old, neat in appearance, painstaking in his work, faithful in the performance of every duty, eager to learn, but of low mentality. His parents are intelligent, sensible, and non-indulgent, insisting that he do everything for himself. They are co-operative in every way and understand the boy and his needs. The home is spotless, furnished above the average—giving one the impression of financial stability—and there is an atmosphere of contentment and peace that speaks well for success. In analyzing these factors, the assets—the boy's eagerness to learn, neatness, faithfulness, and application to work; his parents' understanding and co-operation; and his good home conditions — overbalance the liabilities — blindness, partial deafness, low mentality, and obesity.

In a third situation, the husband is blind, sixty-seven years old, not over-neat in appearance, cares little for reading and less for music, has a changeable disposition (pleasant in the teacher's presence and difficult and disagreeable at other times), is interested in farm work, accustomed to heavy, rough labor, has a fondness for animals, enjoys outdoor work, has a good mind and a fair sense of touch, and is capable of doing good work. His wife is very intelligent, active in the local Red Cross and other community affairs, writes for a local newspaper, and is a good housekeeper and cook. The home is comfortably furnished

and pleasantly situated, the buildings and grounds are very well kept and the cows, poultry, and garden products constitute the source of income. The wife is co-operative and eager to have her husband's work a success, but has failed to recognize his real need. She wrote us that we were wasting our time trying to teach him, and that she was tempted to leave him because he was so difficult to live with. The son has a college education, was employed as a bookkeeper in the past, works on the farm at present, and is very fond of his mother but indifferent toward his father. The diagnosis in this case shows the assets and liabilities to be pretty evenly balanced, and, under proper guidance, the normality of the home life could be restored.

Because of the varying problems, the plan and treatment in each of these situations had to be different, to bring about a satisfactory adjustment.

The course followed in the first instance was to keep constantly in mind the parents' physical condition, and their lack of understanding of their daughter's needs, tactfully including them in all plans for her future welfare. They were willing to co-operate with the teacher to the extent that the girl has learned to read braille grade one and a half, and to make shopping bags and bead necklaces, but beyond that they are unwilling to go, saying, "She is too nervous to take up new work." There remains much to be done in this situation, and the progress will be slow, but plans are being formulated to overcome the parents' objections.

In the second case the program was very simple, for the constructive elements predominated, and the teacher had the complete co-operation of the parents from the beginning. The course followed was to teach both the boy and his mother the lesson under consideration, in order that the latter might supervise the boy's work in the teacher's absence. Consequently, in a very short time, the boy was making salable baskets and happily occupied.

The third situation presented a more complicated problem, for, in addition to the husband's blindness, the wife's discouragement and lack of understanding, and the son's indifference to his father had to be taken into account. We recognized from the start that it would take a long time to bring about even a semblance of a satisfactory adjustment here; for conditions and habits of long standing cannot be changed over night. We proceeded to teach the pupil large, rough work as if there were no disturbing elements to contend with; constantly encouraging him to press on to success, and creating a competitive spirit in him through reports of the progress made by another blind man doing similar work. We had frequent heart-to-heart talks with him, and he confided to us that his wife and son thought him incapable of doing anything and kept saying, "You can't." We always replied, "You can, and let's prove it to them. You have the fighting spirit that wins, and by keeping at it you will succeed." He did keep at it and made a satisfactory footstool. When the opportunity presented itself, we had a frank talk with the son, asking him to supervise his father's work in our absence, and this he consented to do. It soon became evident that there was a better understanding between the father and the son whose manhood had been appealed to. The letter

which the wife had written us offered the opportunity to point out to her that her husband's spells of ugliness were due, in large measure, to the fact that he had been obliged to give up his position as head of the family and breadwinner and sit back in idleness. He had no outlet for his pent-up energy, except "grouches." We asked her to try to place herself in his position and think whether she would not be difficult to get on with if their situations were reversed. We suggested that she let him do anything he could about the house and farm, even at the expense of a few crops. We pointed out that, if she would follow this course, there would be no need for her to leave him. She took our advice and set him to sawing wood, with the result that he improved physically, was less disagreeable, and thus created a happier home life.

The object of citing these illustrations has been to demonstrate the practical application of social case work principles and methods to our work and problems in home teaching—a specialized branch of welfare work.

Social Work training makes the work of a home teacher easier by giving her a knowledge of the principles and technique of social case work, an insight into human nature, an appreciation of the true values of life, the ability to evaluate the various factors in a given situation, and a working knowledge of the methods employed by the case worker in restoring man to his birthright of a self-respecting member of society, capable of solving his own problems.

Social Case Work Applied in Work for the Blind

By Mary Virginia Miller*
Home Teacher, State Commission for the Blind, New York

ONE of the most interesting and helpful chapters in Mary E. Richmond's book on *What Is Social Case Work?* stresses the importance of developing independence and initiative in the individuals with whom social work has to do. It is easy for us to fall into the habit of doing and thinking for others, and, almost before we realize it, we are forgetting the momentous truth that what a man does for himself counts much more toward his permanent well-being than the things that are done for him.

Miss Richmond says: "There is no compelling reason why one should refrain from becoming a special Providence to an animal (always provided one sees it through its disabilities and does not drop it in the ditch when one grows tired of being kind), but there is every reason why we cannot treat a human being in this fashion." Those of us engaged in work for the blind understand too well the injury done to those without sight by this "Special Providence" sort of attitude on the part of parents, relatives, and even a few well-meaning workers. The men and women who have done most to ameliorate conditions for the blind tell us that the instinctive and pitying reaction of family, friends, and the general public is the greatest single handicap that the blind have to contend with. There are some, of course, who

*Blind.

have lost their sight after habits have been formed and their initiative developed, and these have the sense and courage to insist upon doing all they can for themselves. They stand, as it were, upon a rock, unmoved by pity and unwilling to let others do and think for them, because they understand that the great secret of success in learning to be blind is to strive to do for themselves all that is possible. Children, blind from infancy, and those with sensitive and retiring natures, however, have little chance among persons much older and stronger, who have determined to make every step of the way easier for the beloved ones who appear to them to be less fortunate than themselves. Had the mother of Sir Francis Campbell not begun her excellent and intelligent plan of treatment immediately after the accident which caused the loss of her little boy's sight, encouraging him to continue in the rough play with his brothers and showing him how to do his share of the daily chores, it would not have been possible for this boy to have achieved such great success in later life. If it had not been for the intelligent and persistent effort of Miss Sullivan to develop the independence and initiative of her little deaf, mute, and blind pupil, would we today know a Helen Keller perfectly adjusted in a world made for those with all their senses?

Thomas Reid in the eighteenth century wrote: "When a man loses his estate, his health, his strength, he is still the same person and has lost nothing of his personality." Few of us today would agree with Thomas Reid because we have seen personalities crippled by just such losses. A great many who have become blind tell us that their entire lives have been changed by this handicap. Adjustments had to be made which would have been almost impossible had it not been that a wise and understanding worker entered their lives in the nick of time and pointed out to them a clear trail in what seemed to them a dark wilderness.

Perhaps it would be well for us to consider the process by which workers for the blind help work out the adjustments necessary in the lives of those handicapped by blindness. The following illustrations, presenting widely different problems, may serve to show the various steps in the process by which these adjustments are accomplished:

1. Helen, at the age of twenty, became totally blind as the result of an automobile accident. The girl's mother, Mrs. A, called at worker's office, gave a brief account of the injury her daughter had received, and told of her unhappiness since the accident two years before. Prior to her blindness Helen was a bright, attractive girl, full of life and fun, but after the loss of sight she had become silent and depressed. She refused to go out of the house except when it was absolutely necessary and did not try to move about even in her own home without some assistance. Her parents and friends did all they could to comfort her, but their efforts brought no results. The worker who herself had become blind from an injury could well understand what Helen's reaction to sudden loss of sight would be. She called as soon as possible after the

interview with Helen's mother and found a very sad and unhappy girl who seemed to have little interest in life.

After a friendly relationship had been established, the worker learned a great deal about Helen's life prior to blindness. She had done unusually well in school and had been a favorite of both teachers and classmates. After graduating from high school, she had taken a two-year commercial course at a business school and had been employed for a few months as typist before the accident occurred. Like most girls, she enjoyed shows and dancing and had belonged to a little bridge club which met one evening a week. Helen had been active in the church which she attended and was known to be efficient and dependable.

The worker first secured a report from Helen's eye physician which stated that the condition was hopeless and that no operation or treatment could restore her sight. This having been done, the next step was to make a careful study of all the facts gathered regarding Helen's life before her loss of sight and the reactions which had taken place during the two years which followed. It was true that there were many assets, but there was the liability of family and friends who felt sorry for Helen and expressed their feelings much too frequently. Then there was the girl's own mental attitude which the worker realized could not be changed in a few days.

It was to the family that the worker first directed her efforts. She asked the parents and other members of the house to refrain from all expressions of pity for Helen and from even referring to her handicap. Mrs. A was asked to encourage Helen to assist with the light housework and to try to occupy the girl's mind with the little problems of the home.

Helen had liked her work as typist, but it had not occurred to her that it was still possible for her to use a typewriter. An unused machine was discovered at Mr. A's office, and to the girl's amazement and great joy she was soon able to type as accurately as before. Mr. A kept a few of his business letters which it was not necessary to answer at the office and dictated them to Helen in the evenings. Helen now began to feel that she could be of some use to others and there was a noticeable change of attitude.

Helen was then induced to learn braille, and before many weeks had passed she had marked her playing-cards with raised signs and was attempting bridge. The worker called to see two of the girls who had been Helen's most intimate friends and asked them to encourage the girl to go with them to shows and an occasional dance. To their surprise, Helen began to accept their invitations. At first she went chiefly to please the worker, but in time she became very enthusiastic over the prospect of seeing a good show, and it was remarkable how much pleasure the "talkies" gave her.

When it was brought to the attention of the Superintendent of the Sunday School that perhaps Helen would be pleased to take her little class of girls again, he was more than willing to co-operate. Although it took some persuasion on the part of the worker and Helen's family, she finally consented to do her best with the class. During the week Mrs. A helped pre-

pare the lessons; and Helen used her braille writing slate for taking notes; and it was always possible to borrow braille books on religious literature from the libraries.

It was found that Helen had a very sweet soprano voice and, at the worker's suggestion, the parents agreed to arrange for her to take vocal lessons. Helen practiced faithfully and her hard work brought results. She was asked to assist with the choir work in her church and this seemed to give her real pleasure.

There are times, of course, when Helen feels her handicap keenly. There are moments of loneliness as well as irritation, when she is forced to depend upon others to do little things which she once was able to do for herself, but Helen has too much to occupy her to worry over things she cannot help. Her own words are, "I can do almost everything but see," and there are times when her family and friends completely forget that she is handicapped.

2. Mrs. B had become blind at the age of thirty-two from an acute attack of glaucoma. Her husband called to see the worker and stated that Mrs. B would like to learn rug-weaving or some other form of handwork which would prove remunerative. She had had impaired vision for several years, but she had been totally blind for only six months. Prior to her blindness she had been employed as bookkeeper for a hardware concern in the city, earning sixteen dollars a week. At that time her husband was clerking in a grocery store which paid him eighteen dollars a week. When Mrs. B was employed, the family managed nicely on the thirty-four dollars, but their savings had quickly vanished with repeated visits to eye specialists, and now there was a struggle to make ends meet. They were not paying high rent and Mrs. B was an excellent manager, but there were two children, and Mr. B's earnings were not adequate to care for the family needs.

When the worker called, she found Mrs. B busy with the family ironing. The house was clean and neat, and Mrs. B looked fresh and attractive in her blue housedress.

Mrs. B did not at first mention her loss of sight. She stated that she had been forced to give up her work, and she was eager to learn if there were any form of handwork which she could do, by which she could earn even a small amount. As the worker listened to Mrs. B's story, she could not but admire this brave little woman who, in spite of her handicap, had continued to hold the mother's place in the family and had succeeded so admirably.

After the worker had secured a medical report from Mrs. B's eye physician and was assured that nothing further could be done to improve the condition, a careful study of the family and its problems was made. The question of homework for Mrs. B was then discussed from every possible angle. The worker in a tactful manner pointed out that it would be next to impossible for Mrs. B to do her housework, care for the children, and at the same time, try to sew or weave. It was suggested, therefore, that Mrs. B send in an application for a relief allowance to which total blindness made her eligible. The amount received would be sufficient to cover the rent and pay for household necessities.

When the question of relief was settled, Mrs. B's state of mind was much improved, and she was eager to learn all that the worker could teach her in hand- and machine-sewing, so that she might take care of the children's clothing. She also devoted a little time each day to braille, and, in the evenings, after her children were in bed, she read to her husband from her braille magazines.

Mrs. B had the courage and resourcefulness to work out her own adjustments to blindness, but she was unable to handle the situation of an inadequate income without some assistance. When this had been taken care of and her mind relieved of worry over financial troubles, she was better able to prepare herself to fill the place she occupied in the home.

3. Tommy was only nine years old when the accident occurred which resulted in his loss of sight. A school nurse referred the case to the worker some months after the boy had been removed from school. A teacher had been secured by the parents to instruct the child in the home, but it was reported that he was not receiving proper medical treatment.

When the worker visited, she found that Tommy was practically blind, owing to an injury in the left eye and a sympathetic condition in the right. The boy had not been taken to an eye physician because his parents believed in Divine healing, and they had faith that his sight would be restored.

The worker did everything in her power to persuade the parents to take the boy to a competent eye physician, but her efforts were without avail. When she realized that nothing could be gained by persuasion or by argument, she took the only course open to bring about results. The facts were presented to the Children's Judge and, after a complaint was filed, the parents were ordered to appear in court. They were given three days in which to take the child to any one of three eye physicians in the city.

Dr. E, who examined Tommy's eyes was very co-operative, and immediately after the examination he reported his findings to the worker. As a result of the delay on the part of the parents in having the boy's eyes treated immediately after the injury, sympathetic ophthalmia had destroyed the sight in the good eye and it was then too late to remedy the harm done.

After the doctor's report was received, the worker called to see the Superintendent of Schools and secured complete information regarding Tommy's school record. It was found that the boy had been in the fifth grade and that his work had been excellent. After the injury he was receiving only what he could get by memory in one hour's lesson each day. The Superintendent stated that this was far from satisfactory to the Board of Education and, since the doctor's report showed that the boy would not regain his sight, Tommy must be educated as a blind child.

A conference was held at which the Children's Judge, the Superintendent of Schools, the parents, Tommy's teacher, and the worker were present, and the problems in connection with the child's education were discussed. The parents were in good financial circumstances and the home was very comfortable. Tommy had been encouraged to do what he could for himself and he was not at all helpless or dependent. The parents were strongly opposed to sending the boy to a school

for the blind, so it was decided that Tommy should learn braille and typewriting and return to public school.

A year later, a report was received from the Superintendent of Schools, stating that Tommy was in the sixth grade and that he was doing very nicely. His sunny smile and winning personality had gained many friends for him, and the Superintendent felt that the arrangements made for the boy were entirely satisfactory.

Work for the blind has much to offer those who have lost their sight, regardless of their circumstances or stations in life, and its chief objective is to assist such individuals to live active, useful lives. If we would do constructive work, we must "help the blind to help themselves," and not put a stumbling-block of pity in their way and hinder them by doing too much for them. This is social case work applied in work for the blind. In a world made for persons with all their senses, it is necessary for those having handicaps to make many adjustments which would prove very difficult without the assistance of trained and experienced workers.

How Case-Work Principles Are Applied in Work for the Blind

By Calvin S. Glover*
Executive Secretary, Cincinnati Association for the Welfare of the Blind, Cincinnati, Ohio

IN ANSWERING the question "What is social case work?" Miss Kempton has rationalized the hopes, the motives, and the procedure of every altruistic person. This concise statement of principles, methods, and objectives should be steadying to the volunteer, untrained in welfare work, and the admonition that the whole individual must be reckoned with should be salutary to the experienced social worker. To those in specialized fields who have acquired a distrust of systematic training for social service, the simple analysis in this brief article should demonstrate that practice develops clear, pertinent thinking. Social case work, though it lacks the exactitude of a physical science, does refine its methods according to scientific attitudes.

Case work among the blind is so highly specialized that many agencies have regarded the specialty as complete in itself and almost unrelated to the general field of social service. Thoughtful reading of Miss Richmond's *Social Diagnosis* or of this brief article by Miss Kempton should convince one that a sound social philosophy is fundamental, that the understanding of a whole personality is an achievement, that accurate knowledge of tested means of dealing with social problems is essential, and that insight to penetrate the complicating effects of blindness on every phase of life must be added unto these. No doubt we should

*Blind.

blow away some of the chaff that burdens our training-courses for social workers, but, at all events, case work among the blind should be a post-graduate course, and personality should support and re-inforce all other qualifications.

When we say that social case work aims to adjust an individual to his entire environment, we merely state that the fullness of life depends upon satisfactory adjustment of every phase of personality to the conditions and circumstances which surround life. We may agree with Dr. Cabot that "work, love, play, and worship" are the most irresistible cravings of the human soul, but we must strain our logic considerably to bring every desire of life under those categories. The social worker cannot afford to ignore the trivial irritations which demand understanding, patience, and kindness.

Investigation

A very superficial investigation will usually establish the fact of blindness and certify the individual as a client of the agency. No one will deny that blindness involves maladjustment in the seeing world, and every expression of life will be affected by it. A more technical investigation is necessary to determine whether or not the blindness will yield anything to treatment. To omit this would be sheer stupidity, for the complications of blindness are too often overwhelming, and every measurable degree of vision gained modifies the problems. The obvious fact of blindness is not always the prime cause of maladjustment. A thorough social investigation should assemble the facts concerning the personal habits and propensities of the individual, his participation in the duties and amusements of the family, and his contacts with the community outside his home. This investigation cannot be made with inquisitorial directness, but must be slowly unfolded by the warmth and sincerity of the worker.

Diagnosis

With the salient facts clearly in mind, the problem must be analyzed with scrupulous care. Familiarity with general social problems will throw the first light on this subject, but it must be scrutinized with a deep understanding of blindness as a distorting influence upon all characteristics. Psychology and psychiatry can assist greatly, but earnest thinking and intimate experience are needed to preserve a correct balance in evaluating the factor of blindness. Infinite pains, patience, and sympathy at this task will be well rewarded.

Treatment

The most obvious need of nearly every blind person is work; his most serious problems, both economic and social, are usually attributable to the lack of it. Those who are energetic and resourceful find for themselves some occupation, which, occasionally, is the expression of exceptional talent or genius, but, in most cases, is inadequate and unprofitable.

The craving for love, affection, oneness with others is one of the most subtle and cruel corollaries of blindness. The taboos that obscure both the discussion and the treatment of this condition cause many workers to ignore it or to become heartlessly dogmatic in attitude. It is doubtful whether or not anyone who has not

personally experienced the heartaches of these emotional inhibitions can understand them.

The spirit of play is too fundamental in human nature to be stifled without dire consequences. Lack of sight irrevocably excludes the most popular forms of recreation and imposes a degree of social isolation and physical inertia that menace mental and bodily health. To judge the significance of this aspect of the problem, one must study the personality and discriminate between habits that are native and those that have been superimposed by blindness.

The importance of worship as an emotional outlet varies widely with individuals. The general assumption is that it has a more dominant role in the lives of blind persons than it can claim generally. A wholesome cultivation of this instinct is eminently desirable, but a worker with blind clients must be alert to distinguish fanatical or morbid excesses.

Intelligent planning and successful treatment demand extensive acquaintance with the social resources of a community. Primarily, the worker must know many tricks and devices for overcoming the handicap of blindness, must understand the possibilities of braille, of adapted games, watches, etc., must be able to teach the client "how to be blind" in many little personal tasks, and must enjoy the confidence of other social agencies whose specialized services can benefit the blind.

No organization for the blind has solved the industrial dilemma, for the traditional workshop trades satisfy only a small percentage of those who should be employed. The segregation of the blind, even for work, is regrettable, and the efficient case worker will make extensive contacts with business groups in their behalf.

No process in the social adjustment of a blind person is more important than the education of his family and his neighbors. Any measure which presents to the public a true understanding of the blind may be regarded as effective treatment.

Case Work with the Blind

By Eva B. Palmer
Executive Secretary, Cleveland Society for the Blind, Cleveland, Ohio

"THE blind are all so musical," remarked a visitor to a shop where one of the men happened to be singing at his work. "The blind are always happy," said another guest, who was watching with amusement the teasing going on among the men at their lunch hour. "We have tried the blind," said a factory superintendent, with an air of finality. In the education of the public, which is such an important responsibility of an organization for the blind, the fixed notion that blind people are all alike must be combated in every possible way. The possession of a common handicap does not lead to similar characteristics. In case work or personal service with the blind, the technique which is essential for successful results with the sighted

is presupposed. To this must be added a constantly increasing familiarity with the field of work for the blind.

Everyone is conscious of the terrible limitations of blindness; only those who have studied the subject are informed as to its possibilities. The service which is needed by many blind persons must be extended to include certain education of the members of their families, or the friends with whom they live. Rarely do the families take a sufficiently intelligent attitude toward the blind person, who is often waited upon where he should be stimulated to do for himself, and often neglected at points where he must have help.

An instance of education of the family and re-education of the blind person was the case where a blind woman, without sight for three years, was found in the home of her married daughter. She was in a very nervous state, and when inquiry was made as to her occupation, the daughter explained that as her mother had had to work hard all her life, nothing should be required of her, now that such a terrible affliction had come to her. From leading a most active life, the blind woman had been condemned to complete idleness as well as darkness, and was on the verge of insanity. She was taught to read raised type, was instructed in some handwork, by which she earned a small but regular amount; she was taken to several social gatherings of women similarly handicapped, but full of conversation about their normal activities; her daughter was induced to take her to a nearby Episcopal Church; and within six months a marvelous change had taken place. She had recaptured her sense of humor, proved to be a good *raconteur,* and was the "life" of any crowd she was in. She became very helpful to several newly blinded women, and was of great assistance to her daughter in housekeeping.

Most blind individuals are part of families, their problems are interwoven with those about them, and any decided improvement in the condition of the blind person can only come as the whole situation is bettered. Any society for the blind is a clinic, operating more or less along standard lines. The diagnosis must be made by a trained worker; the prescription suggested only after friendly relations have been established, and the history and aptitudes of the patient studied over a period of time; the cure may be effected by any one of several remedies. The worker with the blind, however, has an advantage over the C. O. S. visitor because the contact with the individual is continuous and cases are never closed, except in the rare instances where sight is regained. It is thus possible to gauge the results of case work far more accurately than in agencies which perforce deal with a constantly shifting group.

One of the privileges of the worker for the blind is to give a helping hand to other members of the family, generally the young people. Many a complicated situation has gradually cleared up, as the children, assisted through school, and trained to value and cherish the blind parent, come to successful maturity.

There are endless expedients which the experienced case worker with the blind will make use of. One of these is arranging congenial contacts, and this is time well spent, as blind people

who have developed a proper philosophy are of far greater help to the newly blinded, or poorly adjusted, than sighted persons, however eager they may be to help. A young college man, blinded at the outset of his business career, was introduced to a man of middle age, who is living a happy and useful life, although in total darkness. Part of his conversation with the young man was overheard, "You know, John, you can buy sight for a few dollars a week; what you cannot buy is brains, and you have plenty of them." The young man bought some sight, and has ever since continued in the business which he had thought impossible after his accident.

Many blind people have a deeply rooted inferiority complex, and often their unfortunate actions are only an unconscious effort to compensate. Time, patience, and resourcefulness are needed to help them to overcome this handicap, and anything which raises their standing in the family or community, is valuable. One man, a college graduate, was induced to teach a Sunday School class, which he did successfully. As he was the only blind member of that church, his every action was observed, and a really undue measure of appreciation was showered on him—but the experience made a new man of him. A young woman, not very attractive, was connected with a teacher of dramatics, who coached her in monologue work, free of charge. She proved a good reader, was stimulated to make the most of her rather limited charms, gained in poise, and eventually became an asset to any gathering.

It was Mary Richmond who said, "In social work, it is only the long views that are cheering." Organizations doing case work with the blind have not been in existence very long, most of those in this country having had their inception since 1905. So a long view is not possible, but surveying the field at present, much encouragement should be felt. The "machine age," about which so much pessimism is expressed, has made its contribution to the needs of the blind, in improved devices for their use, and in widely diversified opportunities for employment. The co-ordination now existing between welfare agencies, makes possible the solution of some of the problems of the blind, which have seemed almost hopeless. This is especially true of organizations engaged in raising of health standards and in prevention of accidents.

Suitable employment is undoubtedly the greatest single remedial factor with many blind people, and all agencies, public and private, engaged in training and placement, must be contacted by the case worker for the blind. Part of the equipment of a trained case worker is thorough knowledge of the resources of the community, and the decision as to what to handle, and what to refer, is always important.

Some blind people will adapt themselves to their handicap, whether they have any outside help or not; others will fail to do so, no matter how much is done for them; but to nearly every one, a contribution can be made which will help them to fuller and happier living. The case worker for the blind may have had the most scientific of training, but will fail if not possessed of a winning personality, good humor, patience, and optimism, and the greatest of these is optimism.

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